1998

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Standard Form 523
Revised August 1954
Bureau of the Budget
Circular A-32 (Rev.)

CLINICAL RECORD | **AUTHORIZATION FOR POST-MORTEM EXAMINATION**

In the event authorization for post-mortem examination is obtained by letter, telegram, or mechanically recorded telephone call, paragraphs 1 and 2 shall be completed by hospital authorities and the letter, telegram, or memorandum confirming telephone call of authorization attached to this form for permanent file.

NAME AND LOCATION OF HOSPITAL	DATE
1. U.S. Naval Hospital, Bethesda, Maryland	22 November 1963

2. You are hereby authorized to perform a complete post-mortem examination on the remains of

John F. Kennedy
(Name of deceased)

Authority is also granted for the preservation and study of any and all tissues which may be removed. This authority shall be limited only by the conditions expressly stated below:

Signature of witness: Robert F. Kennedy

Address: _____

Signature: (Mrs) JOhn F. Kennedy
(Person authorized to consent)

Address: White House
Washington, D.C.

Authority to consent: Wife

The performance of the autopsy specified above is approved.

Signature: R.O. CANADA CAPT MC USN

Title: Commanding Officer

Date: 22 November 1963

PATIENT'S IDENTIFICATION (*For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility*)

G.G. Burkley Physician to the President

REGISTER NO. | WARD NO.

AUTHORIZATION FOR POST-MORTEM
Standard Form 523